MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/				51	/	/	/			
2		/		/			52		/				
3		/		/			53		/	/			
4		/		/			54		/				
5		/		/			55		/				
6		/		/			56		/	/			
7		/		/			57		/	/			
8		/					58		/	/			
9		/		/			59		/	/			
10		/		/			60		/	/			
11		/		/			61		/	/			
12		/		/			62		/	/			
13		/		/			63		/	/			
14		/		/			64		/	/			
15		/		/			65		/	/			
16		/		/			66		/	/			
17		/		/			67		/	/			
18		/		/			68		/	/			
19		/		/			69		/	/			
20		/		/			70		/	/			
21		/		/			71		/	/			
22		/		/			72		/	/			
23		/		/			73		/	/			
24		/		/			74		/	/			
25	/	/		/			75		/	/			
26		/	/				76		/	/			
27				/			77		/	/			
28		/		/			78		/	/			
29		/					79	/	29				
30		/		/			80	/		/			
31		/		/			81		/	/			
32		/		/			82		/	/			
33	/		/	/			83		/				
34		/					84	/		/			
35	/						85		/	/			
36		/					86	/	/	/			
37		/	/				87		/	/			
38		/		/			88		/	/			
39		/		/			89		6	/			
40		/		/			90			/			
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96			/			
47		/		/			97						
48		/		/			98						
49		/		/			99		/				
50		/		/			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS